Texas Department of Insurance
Division of Workers' Comp
Medical Fee Dispute Resolution, MS-48
7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1645
518-804-4000 telephone • 512-804-4811 fax • www.tdi.texas.gov

MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name and Address

THAI P NGUYEN PA
4151 SOUTHWEST FREEWAY SUITE 750
HOUSTON TX 77027

Respondent Name

TEXAS MUTUAL INSURANCE COMPANY

Carrier's Austin Representative Box

Box Number 54

MFDR Tracking Number

M4-11-3926-01

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "pre auth# 9064805."

Amount in Dispute: $650.32

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "The requestor received preauthorization to provide physical therapy three times a week for four weeks. This was to be provided between 1/26/11 and 2/11/11 through mutual agreement between the two parties." "The requestor provided physical therapy on 2/15/11 and 2/18/11 which is outside the mutually agreed upon time frame. Texas Mutual declined to issue payment for this." "Review of Texas Mutual's claim file shows no further preauthorization for the disputed dates. Nor has the requestor provided any evidence of such in its DWC-60 packet." "Absent such preauthorization, no payment is due."

Response Submitted by: Texas Mutual Insurance Company, 6210 E. Highway 290, Austin, Texas 78723

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
February 15, 2011 Through February 18, 2011	97001, 97140-GP, 97110-GP	$650.32	$0.00

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. 28 Texas Administrative Code §133.307 sets out the procedures for health care providers to pursue a medical fee dispute.
2. 28 Texas Administrative Code §134.600 sets out guidelines for preauthorization, concurrent review, and voluntary certification of health care.
3. 28 Texas Administrative Code §134.203 set out the fee guideline s for the reimbursement of workers' compensation professional medical services provided on or after March 1, 2008.
4. The services in dispute were reduced/denied by the respondent with the following reason codes:

   Explanation of benefits dated 03/29/2011
   - CAC-197 – PRECERTIFICATION/AUTHORIZATION/NOTIFICATION ABSENT.
   - 930 – PRE-AUTHORIZATION REQUIRED. REIMBURSEMENT DENIED.

   Explanation of benefits dated 06/17/2011
   - CAC-193 – ORIGINAL PAYMENT DECISION IS BEING MAINTAINED. UPON REVIEW, IT WAS DETERMINED THAT THIS CLAIM WAS PROCESSED PROPERLY.
   - CAC-197 – PRECERTIFICATION/AUTHORIZATION/NOTIFICATION ABSENT.
   - 891 – NO ADDITIONAL PAYMENT AFTER RECONSIDERATION.
   - 930 – PRE-AUTHORIZATION REQUIRED. REIMBURSEMENT DENIED.

Issues

1. Did the requestor obtain preauthorization approval prior to providing the health care in dispute in accordance with 28 Texas Administrative Code §134.600?
2. Is the requestor entitled to reimbursement?

Findings

1. Per Texas Labor Code, Section §413.011(b) "the insurance carrier is not liable for those specified treatment and services unless preauthorization is sought by the claimant or health care provider and either obtained from the insurance carrier or order by the commission." 28 Texas Administrative Code, Section §134.600(c)(1)(B) states, "The carrier is liable for all reasonable and necessary medical costs relating to the health care required to treat a compensable injury…only when the following situations occur…preauthorization of any heath health care listed in subsection (p) of this section was approved prior to providing the health care." 28 Texas Administrative Code, Section §134.600(p)(5) requires preauthorization of "physical and occupational therapy services." Review of the submitted preauthorization letter dated May 7, 2008 supports the provider obtained preauthorization for the disputed services prior to providing the health care. Review of the submitted documentation finds that the requestor obtained preauthorization approval under number 9064805 on January 25, 2011 for continuation of Physical Therapy, 2 times a week for 2 weeks for CPT codes 97110X4 and 97140X 1 with a start date of January 26, 2011 and an end date of February 11, 2011. Further review of the submitted documentation finds that the disputed dates of service were rendered outside of the preauthorized timeframe.
2. Review of the submitted documentation finds that the requestor did not submit documentation to support preauthorization approval was obtained prior to providing the services in dispute in accordance with 28 Texas Administrative Code, Section §134.600. Therefore, no reimbursement is recommended.

Conclusion

For the reasons stated above, the Division finds that the requestor has not established that reimbursement is due. As a result, the amount ordered is $0.00.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the Division has determined that the requestor is entitled to $0.00 reimbursement for the disputed services.

Authorized Signature

Signature	Medical Fee Dispute Resolution Officer	October 10, 2011 Date

YOUR RIGHT TO REQUEST AN APPEAL

Either party to this medical fee dispute has a right to request an appeal. A request for hearing must be in writing and it must be received by the DWC Chief Clerk of Proceedings within **twenty** days of your receipt of this decision. A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Department of Insurance, Division of Workers Compensation, P.O. Box 17787, Austin, Texas, 78744. The party seeking review of the MDR decision shall deliver a copy of the request for a hearing to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §148.3(c), including a **certificate of service demonstrating that the request has been sent to the other party**.

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.